## DT12 Rec'd PCT/PTO 1 1 JAN 2005

## **APPLICATION DATA SHEET**

**Application Information** 

Application Type::

Regular

Subject Matter::

Utility

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Sequence Submission?::

Computer Readable Form (CRF?)::

No

Title::

Antibiotic 107891, Its Factors A1 and A2, Pharmaceutically Acceptable Salts and

Compositions, and Use Thereof

Attorney Docket Number::

892,280-499

Request for Early Publication?::

No

Request for Non-Publication?::

No

**Total Drawing Sheets::** 

18

Small Entity?::

Yes

Petition Included?::

No

Secrecy Order in Parent Appl.?::

No

**Applicant Information** 

Applicant Authority Type::

**INVENTOR** 

Primary Citizenship Country::

Italy

Status::

Full capacity

Given Name::

Ameriga

Family Name::

LAZZARINI

City of Residence::

Legnano

Country of Residence::

Italy

Street of Mailing Address::

Via 29 Maggio, 5

City of Mailing Address::

Legnano

Country of Mailing Address::

Italy

Postal or Zip Code of Mailing

20025

Address::

Applicant Authority Type::

**INVENTOR** 

Primary Citizenship Country::

Italy

Status::

Full capacity

Given Name::

Luciano

Family Name::

**GASTALDO** 

City of Residence::

Pogliano Milanese

Country of Residence::

Italy

Street of Mailing Address::

Via San Martino, 7

City of Mailing Address::

Pogliano Milanese

Country of Mailing Address::

Italy

Postal or Zip Code of Mailing

20010

Address::

Applicant Authority Type::

INVENTÓR

Primary Citizenship Country::

Italy

Status::

Full capacity

Given Name::

Gianpaolo

Family Name::

CANDIANI

City of Residence::

Gorgonzola

Country of Residence::

Italy

Street of Mailing Address::

Via Bellini, 2/C

City of Mailing Address::

Gorgonzola

Country of Mailing Address::

Italy

Postal or Zip Code of Mailing

20064

Address::

Applicant Authority Type::

**INVENTOR** 

Primary Citizenship Country::

Italy

Status::

Ismaela

Given Name::

ISITIACIA

Family Name::

CICILIATO

Busto Arsizio

Full capacity

City of Residence::
Country of Residence::

Italy

Street of Mailing Address::

Via Orazio, 7

City of Mailing Address::

**Busto Arsizio** 

Country of Mailing Address::

Italy

Postal or Zip Code of Mailing

21052

Address::

INVENTOR

Primary Citizenship Country::

Applicant Authority Type::

Italy

Status::

Full capacity

Daniele Given Name::

Family Name:: LOSI

City of Residence:: Rovellasca

Country of Residence:: Italy

Street of Mailing Address:: Via Carso, 28/B

City of Mailing Address:: Rovellasca

Country of Mailing Address:: Italy Postal or Zip Code of Mailing 22069

Address::

**INVENTOR** Applicant Authority Type::

Primary Citizenship Country:: Italy

Status:: Full capacity

Given Name:: Flavia

MARINELLI Family Name::

Milano City of Residence::

Country of Residence:: Italy

Street of Mailing Address:: Via Rubens, 25

Milano City of Mailing Address:: Country of Mailing Address:: Italy

20148 Postal or Zip Code of Mailing

Address::

City of Residence::

**INVENTOR** Applicant Authority Type::

Primary Citizenship Country:: Italy

Full capacity Status::

Given Name:: Enrico

**SELVA** Family Name:: Gropello Cairoli

Country of Residence:: Italy

Via di Vittorio, 23 Street of Mailing Address::

City of Mailing Address:: Gropello Cairoli

Country of Mailing Address:: Italy Postal or Zip Code of Mailing 20727

Address::

Applicant Authority Type:: INVENTOR

3

Primary Citizenship Country::

Italy

Status::

Full capacity

Given Name::

Franco

Family Name::

**PARENTI** 

City of Residence::

Lainate

Country of Residence::

Italy

Street of Mailing Address::

Via B. Cellini, 24

City of Mailing Address::

Lainate

Country of Mailing Address::

Italy

Postal or Zip Code of Mailing

20020

Address::

**Correspondence Information** 

Correspondence Customer

34263

Number::

Representative Information

Representative Customer Number::

34263

**Domestic Priority Information** 

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

This application

National Stage of

PCT/EP2004/007658

July 12, 2004

**Foreign Priority Information** 

**Application Number::** 

Country::

Filing Date::

Priority Clamed::

03016306.7

Europe

July 18, 2003

Yes

**Assignment Information** 

Assignee Name::

VICURON PHARMACEUTICALS INC.

Street of Mailing Address::

455 South Gulph Road, Suite 305

City of Mailing Address::

King of Prussia

State or Province of Mailing

Pennsylvania

Address::

Country of Mailing Address::

**United States** 

Postal or Zip Code of Mailing

19406

Address::